

**V(A). Planned Program (Summary)**

**Program # 12**

**1. Name of the Planned Program**

Healthy Aging

**V(B). Program Knowledge Area(s)**

1. Program Knowledge Areas and Percentage

| KA Code | Knowledge Area                          | %1862 Extension | %1890 Extension | %1862 Research | %1890 Research |
|---------|---|-----------------|-----------------|----------------|----------------|
| 724     | Healthy Lifestyle                       | 50%             |                 |                |                |
| 802     | Human Development and Family Well-Being | 50%             |                 |                |                |
|         | <b>Total</b>                            | 100%            |                 |                |                |

**V(C). Planned Program (Inputs)**

1. Actual amount of professional FTE/SYs expended this Program

| Year: 2010 | Extension |      | Research |      |
|------------|-----------|------|----------|------|
|            | 1862      | 1890 | 1862     | 1890 |
| Plan       | 2.9       | 0.0  | 0.0      | 0.0  |
| Actual     | 2.2       | 0.0  | 0.0      | 0.0  |

2. Actual dollars expended in this Program (includes Carryover Funds from previous years)

| Extension           |                | Research       |                |
|---------------------|----------------|----------------|----------------|
| Smith-Lever 3b & 3c | 1890 Extension | Hatch          | Evans-Allen    |
| 28205               | 0              | 0              | 0              |
| 1862 Matching       | 1890 Matching  | 1862 Matching  | 1890 Matching  |
| 28205               | 0              | 0              | 0              |
| 1862 All Other      | 1890 All Other | 1862 All Other | 1890 All Other |
| 92006               | 0              | 0              | 0              |

**V(D). Planned Program (Activity)**

1. Brief description of the Activity

Stakeholder input will be acquired from agency partners including Oregon Senior and Disabled Services in the Dept. of Human Services, the regional Area Agencies on Aging, Oregon AARP, and others. Programs will be delivered based on the identification of critical audiences at local levels, working

organizational partnerships, and input from OSU researchers. Target audiences will be identified and the most effective programming options will be identified and implemented. Extension activities will be coordinated with the recently established Center for Healthy Aging Research on the OSU campus.

**2. Brief description of the target audience**

The target audience will consist of older adults living in Oregon (particularly those at some risk with regard to their health and well-being), family caregivers, and professionals.

**V(E). Planned Program (Outputs)**

**1. Standard output measures**

| 2010          | Direct Contacts Adults | Indirect Contacts Adults | Direct Contacts Youth | Indirect Contacts Youth |
|---------------|------------------------|--------------------------|-----------------------|-------------------------|
| <b>Plan</b>   | 1250                   | 0                        | 0                     | 0                       |
| <b>Actual</b> | 1301                   | 0                        | 0                     | 0                       |

**2. Number of Patent Applications Submitted (Standard Research Output)**

**Patent Applications Submitted**

Year: 2010  
 Plan: 4  
 Actual: 0

**Patents listed**

**3. Publications (Standard General Output Measure)**

**Number of Peer Reviewed Publications**

| 2010          | Extension | Research | Total |
|---------------|-----------|----------|-------|
| <b>Plan</b>   | 0         | 0        |       |
| <b>Actual</b> | 1         | 0        | 0     |

**V(F). State Defined Outputs**

**Output Target**

**Output #1**

**Output Measure**

- Educational Events, Workshops, and Demonstrations to be Conducted

| Year | Target | Actual |
|------|--------|--------|
| 2010 | 60     | 65     |

**Output #2**

**Output Measure**

- Public Service Announcements to be Delivered

| <b>Year</b> | <b>Target</b> | <b>Actual</b> |
|-------------|---------------|---------------|
| 2010        | 5             | 5             |

**Output #3**

**Output Measure**

- Newsletters to be Published

| <b>Year</b> | <b>Target</b> | <b>Actual</b> |
|-------------|---------------|---------------|
| 2010        | 12            | 16            |

**Output #4**

**Output Measure**

- TV and Media Programs to be Delivered

| <b>Year</b> | <b>Target</b> | <b>Actual</b> |
|-------------|---------------|---------------|
| 2010        | 3             | 3             |

**Output #5**

**Output Measure**

- Web Sites to be Developed and Maintained

| <b>Year</b> | <b>Target</b> | <b>Actual</b> |
|-------------|---------------|---------------|
| 2010        | 1             | 1             |

**V(G). State Defined Outcomes**

**V. State Defined Outcomes Table of Content**

| O. No. | OUTCOME NAME   |
|--------|--|
| 1      | Percentage of participants that indicate increased knowledge about healthy aging practices including diet, activity, medication management, health monitoring, and family relationships. |
| 2      | Percentage of participating family health care providers that report informed decision-making related to older adults in their care.   |
| 3      | Percentage of participants reporting improvement in their overall (age-adjusted) health status as a result of the program.   |

## **Outcome #1**

### **1. Outcome Measures**

Percentage of participants that indicate increased knowledge about healthy aging practices including diet, activity, medication management, health monitoring, and family relationships.

### **2. Associated Institution Types**

- 1862 Extension

### **3a. Outcome Type:**

Change in Knowledge Outcome Measure

### **3b. Quantitative Outcome**

| <b>Year</b> | <b>Quantitative Target</b> | <b>Actual</b> |
|-------------|----------------------------|---------------|
| 2010        | 60                         | 49            |

### **3c. Qualitative Outcome or Impact Statement**

#### **Issue (Who cares and Why)**

U.S. health care costs have increased dramatically over the past decade, exceeding \$2.3 trillion in 2008. Americans who are 65 and older account for a significant share of these costs due to the onset of health concerns that come with life in later years.

#### **What has been done**

Extension is spearheading efforts to deliver online educational programs designed to help older Oregonians successfully manage chronic health problems and live healthier. The course includes five units: 1) Memory Difficulties: Should I be Worried?, 2) Depression in Later Life, 3) Medication Jeopardy, 4) Food As Medicine? and 5) Physical Activity and Exercise in Later Life. The course material is provided as a series of self-paced modules, as an interactive, fee-based online course, and as an enhanced DVD presentation.

#### **Results**

Information obtained from initial survey evaluation identified "Memory" and "Depression" as the two most-helpful modules, with 48% and 50% respectively reporting a significant increase in knowledge. All individuals indicated that there was "information learned that changed behavior in some way." The information ranged from "I will watch my medications more closely" to "I need to seek out a diagnosis for depression".

## **4. Associated Knowledge Areas**

| <b>KA Code</b> | <b>Knowledge Area</b> |
|----------------|-----------------------|
| 724            | Healthy Lifestyle     |

802 Human Development and Family Well-Being

**Outcome #2**

**1. Outcome Measures**

Percentage of participating family health care providers that report informed decision-making related to older adults in their care.

**2. Associated Institution Types**

- 1862 Extension

**3a. Outcome Type:**

Change in Action Outcome Measure

**3b. Quantitative Outcome**

| Year | Quantitative Target | Actual |
|------|---------------------|--------|
| 2010 | 50                  | 69     |

**3c. Qualitative Outcome or Impact Statement**

**Issue (Who cares and Why)**

The Lifespan concept recognizes all caregivers need occasional breaks, whether caring for a child with a disability or a spouse with dementia. Caring for someone who requires intensive or round the clock care can leave a caregiver stressed out and exhausted. Even with an infrastructure of respite care providers and a referral system in place, many families cannot afford the cost of respite care.

**What has been done**

Family Care Connection, part of OSU Extension Service on Oregon's Northern Coast, serves as the central point of contact for respite care services in the three-county area:

- \*Providing respite-related information to the community,
- \*Recruiting and training paid and volunteer respite providers,
- \*Connecting individual and/or families with respite care providers and,
- \*Linking individual and/or families with respite care payment resources.

**Results**

The primary purpose of respite care is to give relief to families and caregivers from the extraordinary demands of providing ongoing care. Respite is a wellness concept. Program outcome evaluations show that respite strengthens the ability of families and primary caregivers to continue to provide care in the home. Occasional relief supports family stability and well-being. The health and wellness benefits for both caregiver and care recipient, plus the financial savings due to a family's increased ability to continue to provide care in the home, are proven in the impact studies conducted. The stability of community based Family Community Connection program provides both economic and social benefits for the participating counties.

#### 4. Associated Knowledge Areas

| KA Code | Knowledge Area                          |
|---------|---|
| 724     | Healthy Lifestyle                       |
| 802     | Human Development and Family Well-Being |

#### Outcome #3

##### 1. Outcome Measures

Percentage of participants reporting improvement in their overall (age-adjusted) health status as a result of the program.

##### 2. Associated Institution Types

- 1862 Extension

##### 3a. Outcome Type:

Change in Condition Outcome Measure

##### 3b. Quantitative Outcome

| Year | Quantitative Target | Actual |
|------|---------------------|--------|
| 2010 | 40                  | 67     |

##### 3c. Qualitative Outcome or Impact Statement

###### **Issue (Who cares and Why)**

Chronic conditions like diabetes, fibromyalgia, arthritis and high blood pressure require medical attention for the life of the patient. Studies have found that teaching self care management to those with chronic conditions helps them stay healthier longer and reduces health care costs over their lifetimes.

###### **What has been done**

Living Well is an evidence-based program which suggests 'fidelity' to the original Stanford University curriculum should generate similar impact (reduced ER visits, reduced doctor visits, etc). The target audience is older adults (60-90 years) who seek help on how to more effectively manage disease conditions.

The level of overall participative gain was assessed using the computer-based monitoring approaches that the Oregon Department of Human Services established (statewide) in 2005. A quarterly profile of participant demographics and attendance at each class is generated. The information is possible because registrants in the series are required to fill out identification profiles at the beginning of the first session and complete a pre-assessment of their perceived level of disease self-management, including the identification of self-efficacy. The same post evaluation is completed at the end of the final session. In addition, a random sample of 10-12 individuals who completed at least 4 of the 6 sessions is called six months after their last session

ends and, using a scripted query, asked a series of questions about their continuing use of the self-management tools learned in the series.

### **Results**

1. 66% of participants attended 4 of 6 sessions, exceeding the Stanford expectation by 6%
2. Self-efficacy improved to 4.2 on a 1-5 scale in classes led by Extension faculty
3. Participants continued to use the self-management tools learned in the classes after the end of the series. A telephone follow-up found that over 80% of those queried six months after the end of the final session were still using tools learned in the classes i.e relaxation and pain management techniques, action planning and problem solving.
4. 67% of participants reported improved healthy status (by their own assessment as well as the assessment of their health providers).

### **4. Associated Knowledge Areas**

| <b>KA Code</b> | <b>Knowledge Area</b>                   |
|----------------|---|
| 724            | Healthy Lifestyle                       |
| 802            | Human Development and Family Well-Being |

### **V(H). Planned Program (External Factors)**

#### **External factors which affected outcomes**

- Economy
- Appropriations changes
- Public Policy changes
- Government Regulations
- Competing Public priorities
- Competing Programmatic Challenges
- Populations changes (immigration, new cultural groupings, etc.)

#### **Brief Explanation**

Implementation of the Mastery of Aging Well, five-module, online program was launched early in 2010. A more robust evaluation of the program and its related outcomes will be completed in time for the 2011 ROA.

### **V(I). Planned Program (Evaluation Studies and Data Collection)**

#### **1. Evaluation Studies Planned**

- Retrospective (post program)

- Before-After (before and after program)

## **Evaluation Results**

Senior participants in the 6-week series of "Living Well" workshops documented improvements in self-efficacy (3.7 to 4.2 on a five point scale) and a pre-post test indicated changes in health-related self-management behaviors (increased use of pain management approaches, increased physical activity/exercise). Evaluation studies demonstrated that participants in the disease self-management training program developed improved self-efficacy, improved health status (by their own assessment as well as the assessment of their health providers), and reduced emergency room use/doctor visits.

Program outcome evaluation shows that respite strengthens the ability of families and primary caregivers to continue to provide care in the home, supporting family stability and well-being. The health and wellness benefits for both caregivers and care recipients, plus the financial savings due to a family's increased ability to continue to provide care in the home, speak to both the economic and social benefits of the community based respite program.

## **Key Items of Evaluation**